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APPLICANTS

Eugenio Martinez-Uriegas, Mountain View, CA;
 Thomas Schumacher, Cupertino, CA;

** CONTINUING DATA *****
NONE

** FOREIGN APPLICATIONS *****
NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i>	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 1
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ADDRESS

05514
 FITZPATRICK CELLA HARPER & SCINTO
 30 ROCKEFELLER PLAZA
 NEW YORK , NY
 10112

TITLE

Image composition for use in lossy compression

FILING FEE RECEIVED 1726	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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